

# *Plan for Piloting Colorado's New Assessment and Support Planning (A-SP) Processes*

Presentation for the Stakeholder Group

March 28, 2019

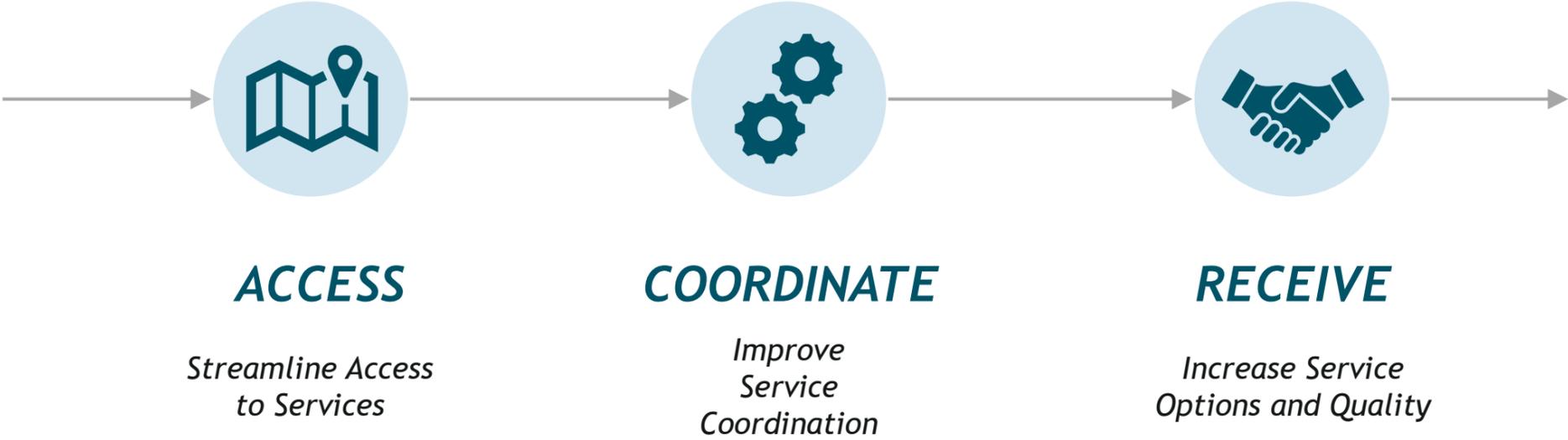


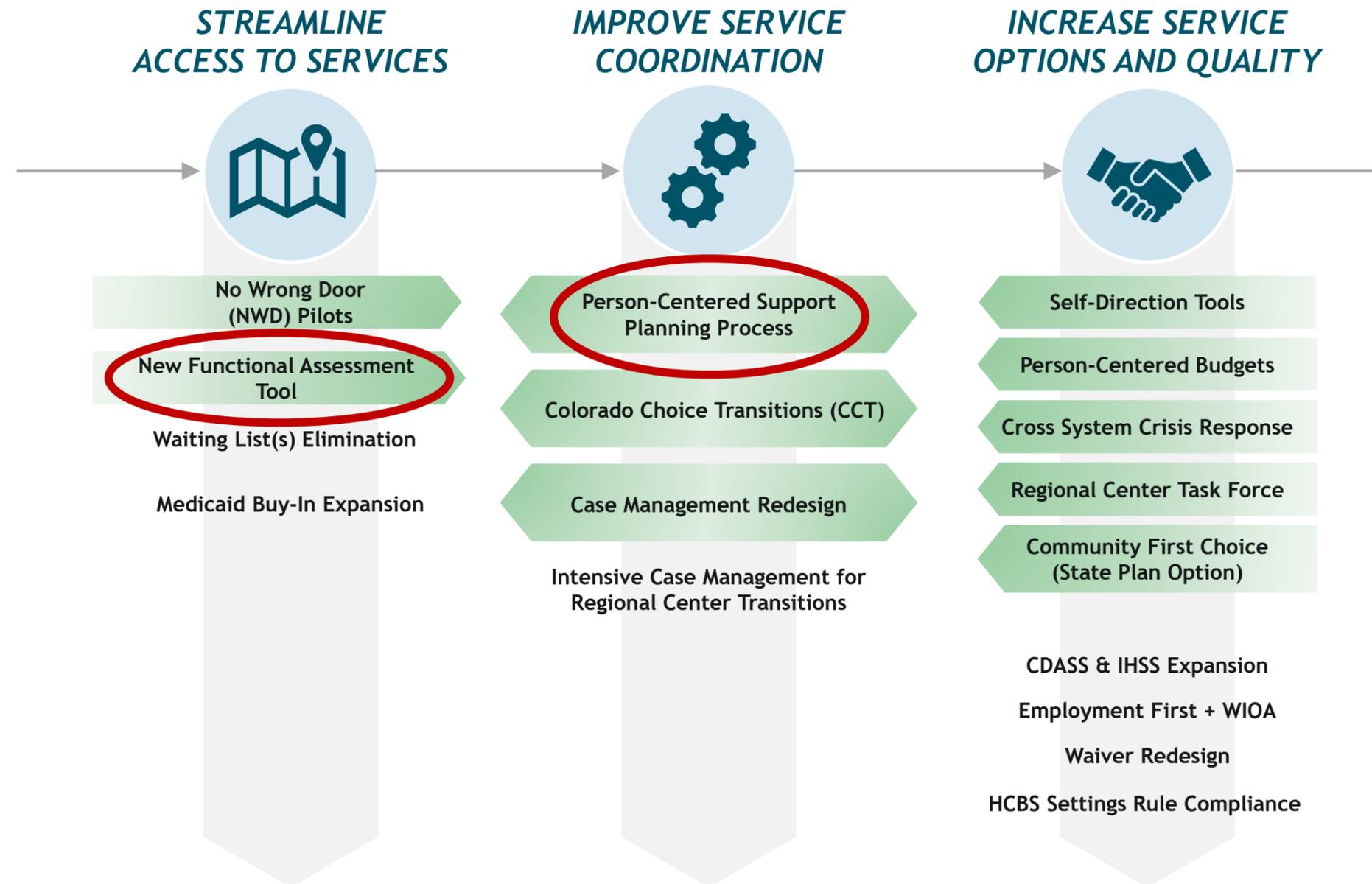
# *Our Mission*

Improving health care access and outcomes  
for the **people** we serve while demonstrating  
sound stewardship of financial **resources**



# Office of Community Living Vision





# *Agenda*

- Introductions and purpose of the meeting
- Background on Assessment and Support Planning (A/SP) redesign
- Assessment overview
- Support Plan overview
- Pilot overview
- Next steps

# *Background on Assessment and Support Plan (A/SP) Effort*



# *Goals for the Assessment Process Redesign*

Unified process for all programs and people

Support efforts to integrate waivers and develop programs that cross populations (e.g., Community First Choice)

Eliminate need for most of the other existing tools

Comply with State and CMS rules and guidelines

Provide better assessment tools to inform eligibility and support planning

# *Assessment Process vs. Tool*

- Assessment process will support a series of decisions made by a number of individuals
- Includes modules that support these decisions and collect necessary information
- Also includes decision trees and workflows
- Developing a comprehensive assessment process included developing a Support Plan to be informed by the assessment.



# *Stakeholder Involvement*

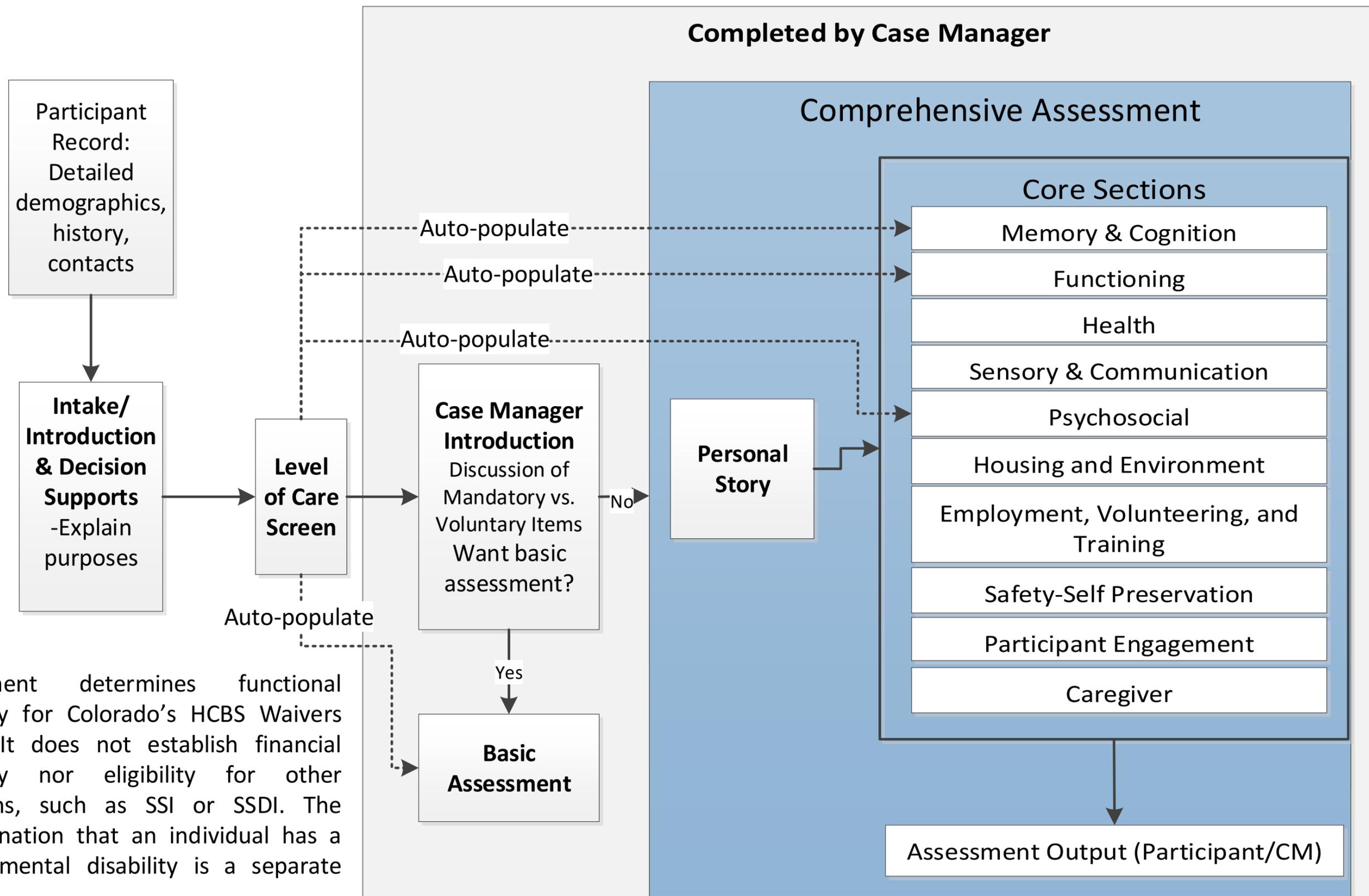
- Stakeholders were heavily involved in developing A/SP
  - Assessment
    - Input from community members and staff from over 15 agencies and interests
    - 21 stakeholder meetings for adult tool development
    - 8 stakeholder meetings for children adaptations
  - Support Plan
    - Input from community members and staff from over 13 agencies and interests
    - 12 stakeholder meetings
  - Developed a blog to share information and collect feedback: [Colorado Assessment Blog](http://coassessment.blogspot.com/) <http://coassessment.blogspot.com/>

# *Tools Selected as Starting Point for the Assessment Process*

- After careful review, Department and stakeholders decided to use components of the following assessment instruments:
  - CMS' CARE tool (Later changed to FASI)
    - Standardized items throughout the tool (e.g., functioning, health, etc.)
  - Minnesota's MnCHOICES comprehensive assessment
    - Modular format would serve as basis for CO process
    - Person-centered items and modules (e.g., Personal Story)
    - Items CARE/FASI did not contain (e.g., Psychosocial/Behaviors)



# New Colorado Assessment Process (Revised 2-21-19)



Assessment determines functional eligibility for Colorado's HCBS Waivers only. It does not establish financial eligibility nor eligibility for other programs, such as SSI or SSDI. The determination that an individual has a developmental disability is a separate process.



# *Workflows Contained within the A/SP*

- **Shannon Seacrest Workflow-** Shannon is a parent of a child with a disability who identified that there were no mechanisms for capturing the participant's barriers and challenges to accessing services and supports (e.g., lack of providers in an area). There are now opportunities to document these challenges throughout the process.
- **Jose Torres Workflow-** Jose is a service recipient who is extremely knowledgeable about the HCBS system. He knows what he needs and does not wish to explore further options; he would like to get services approved as quickly as possible. The A/SP tools include skip patterns for voluntary areas that people familiar with the HCBS system may not wish to discuss.

# *Assessment Overview*



# *Level of Care (LOC) Screen*

- Purpose is to establish whether participant meets LOC before proceeding with assessment
- Collects information currently captured by ULTC 100.2 to replicate LOC determinations with new items
  - Activities of Daily Living (ADLs): Bathing, Dressing, Toileting, Transfers, Mobility and Eating
  - Behaviors/Supervision
  - Memory & Cognition

# *Assessment Modules*

- **Personal Story:** Allows the participant an opportunity to provide information that she or he feels is important for providers and others providing support to know
- **Functioning:** Collects information about Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) support needs, equipment, preferences, and guidance for staff
  - Two versions, one for ages 0-3 and other for ages 4+
- **Health:** Contains items to assess health status of the participant and needs for support or treatment to maintain health

# *Assessment Modules (cont.)*

- **Memory and Cognition:** Contains items to assess the current status of the person to recall and understand information, make judgments, express ideas, and make decisions necessary for daily life
- **Psychosocial:** Contains items to assess the presence and intensity of behavioral needs and variety of behavior and mental health screens
- **Sensory and Communication:** Contains items related to hearing and vision, functional communication, and sensory integration
- **Employment, Volunteering and Training (EVT):** Contains items to explore interests in work, a volunteer position, or education and training opportunities

# *Assessment Modules (cont.)*

- **Housing and Environment:** Contains items related to the participant's current living situation, environmental safety and quality, and interests/needs for housing and environment
- **Participant Engagement:** Contains items for determining the participant's desire and needs related to advocacy
- **Safety and Self-preservation:** Contains items to help evaluate the participant's capacity and need for assistance in personal safety and self-preservation and summarize supervision and support needs

# *Assessment Modules (cont.)*

- **Caregiver:** Used to document paid and unpaid caregivers and
  - 1) Identify situations in which support is needed to continue caregiving and
  - 2) Identify situations in which paid supports should be initiated
- **Hospital Level of Care Supplemental Assessment:** Collects additional information about medical complexity and/or fragility to evaluate whether and how to use this information in developing new Hospital LOC

# *Support Plan Overview*



# *Step 1: Identify Personal Goals*

- Participant:
  - Rates how meaningful goal is
  - Establishes timeframes
  - Sets how progress will be measured

Identify Personal Goals



Identify Activities to  
Achieve Personal Goals

# Step 2: Identify Health and Safety Issues Not Addressed by a Goal

- Meaningful personal goals are separated from describing health and safety interventions as goals
- Participant can choose not to address a health and safety issue
  - Dignity of risk



# *Step 3: Choose the Best Waiver and/or State Plan option*

- If wanting to select own direct care staff, prompt to consider self-directed option
- Discuss and document pros and cons of each option to allow informed choice

Determine whether the Participant wants to self-direct (CDASS or IHSS)



Choose HCBS Waiver

# Step 4: Identify Supports

- Document all sources of support, including unpaid supports
- Voluntary Supports Calendar to understand needs and preferences on a weekly basis
- Can identify unmet needs and system barriers, such as:
  - No providers
  - Rules won't allow it



# *Step 5: Address Problems that May Come Up*

Identify Any Need for  
Temp. Increase in Services

Back-up Plans for Supports

Disaster Relocation Plan

Minimizing Risks

Justify Any Rights/Settings  
Exception

Identify Advance  
Directives

Preferences for Case  
Mgmt. Monitoring

Feedback from Team

# *Pilot Overview*



*Plan is to allow case managers to become experts in the new process in phases*



# *Future of the Aerial Case Management System*

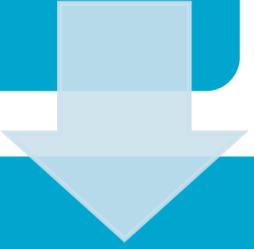
- Current automation does not meet key requirements, notably
  - Ability to enter data in tables (less scrolling)
  - Ability to work offline
- Automation vendor is building a new solution, Care Planner 360, which will have these capabilities
  - Scheduled to be ready in **circa** August/September 2019

# *Accommodating Automation Limitations*

Pilots to collect data necessary for program design (e.g., level of care)



Get Automation Right



Pilot Full Process using Automation that will be rolled out for statewide implementation

# *Two Pilot Phases*

- **Phase One-** Data collection using interim automation solution
  - **Level of Care (LOC) Screen pilot-** Collect data to mimic LOC from ULTC 100.2 with new items
    - Case managers conduct 1-2 LOC assessments
  - **Nursing Facility(NF)/Hospital(H) LOC and Reliability Pilot-** Collect data to replicate NF-LOC for adults; establish objective NF-LOC for children; standardize H-LOC; test reliability and validity
    - Case managers conduct 5-8 assessments
    - Some assessment will have 2 assessors to test inter-rater reliability
- **Phase Two-** Testing Full A/SP Process in Automated System
  - Test the A/SP workflow in the new automated solution, Care Planner 360
  - Smaller group of case managers will complete around 8-10 assessment/support plans each

# *Why 2 Pilots in Phase One: It's About the Funding*

- Department awarded a CMS Testing Experience Functional Tools (TEFT) grant
- Deadline for data collection is March 31, 2019 with a report due by June 1, 2019
- First pilot collects a limited amount of information to meet TEFT deadlines
  - Collects information using FASI items developed under TEFT
- Second pilot captures all the information needed to make key decisions

# *Details of Phase 1 Objectives:*

- Replicate Nursing Facility Level of Care (NF-LOC) for adults using new items
- Create more objective NF LOC for children
- Comply with CMS mandate to create objective Hospital LOC criteria for the Children with Life Limiting Illnesses (CLLI) Waiver
- Create objective and prospective Hospital LOC criteria for other waivers
  - Spinal Cord Injury, Brain Injury, and Children's Home and Community-Based Services Waiver (CHCBS)
  - Test the reliability non-TEFT items included in the new assessment

# Types of Analyses by Population

Populations	Nursing Facility Level of Care	Hospital Level of Care	Reliability	Support Plan Efficacy
Children	X	X	X	X
Other Children on Waivers				
Children w/ Life Limiting Illness		X		
Intellectual and Developmental Disabilities (IDD)	X		X	X
Children-IDD				
Adult-IDD				
Aging and Physical Disabilities	X	X	X	X
Older Adults				
Adults w/ physical disabilities				
Mental Health	X		X	X
X = Need sample size sufficient to understand impact for population				

Sample size for Reliability - 30 paired samples  
 Sample size for establishing Level of Care - minimum of 100

# Proposed Sample Sizes for the LOC Screen and NF/H Reliability Pilots

Populations	Level of Care (LOC) Screen	H/NF LOC/ Reliability Study	H/NF LOC / Reliability 2 assessors	Total	Nursing Facility LOC	Hospital LOC	Reliability
Children	10	140	60	210	210	200	60
Other Children on Waivers		70	30	100	100	100	30
Children w/ Life Limiting Illness		70	30	100	100	100	30
Intellectual and Developmental Disabilities (IDD)	25	45	30	100	100	75	30
Children-IDD							
Adult-IDD							
Aging and Physical Disabilities	25	45	30	100	100	75	30
Older Adults							
Adults w/ physical disabilities							
Mental Health	25	45	30	100	100	75	30
Total	85	275	150	510	510	425	150

# Proposed Sample Sizes for the Work Flow and Time Survey Pilots

Care Planner 360 Automation Pilots						
Populations	Full Assessment	Full Process	Time survey	Total	Support Plan Efficacy	Assessor for process pilot
Children	12	18	20	50	18	6
Other Children on Waivers	6	9	10	25	9	3
Children w/ LL Illness	6	9	10	25	9	3
IDD	16	24	30	70	24	8
Children-IDD	8	12			12	4
Adult-IDD	8	12			12	4
APD	16	24	30	70	24	8
Older Adults	8	12			12	4
Adults w/ PD	8	12			12	4
MH	4	12	20	36	12	4
<b>Total</b>	<b>48</b>	<b>78</b>	<b>100</b>	<b>226</b>	<b>78</b>	<b>26</b>

# *Draft Stakeholder Meeting Schedule*

- Will change depending upon pilot progress
- **March 2019-** Presentation of the draft timeline and the approach for piloting and implementing the new process
- **May 2019-** Discussion of the Level of Care (LOC) pilot results and approach for training on the Assessment and Support Plan
- **August 2019-** Summary of the NF/Hospital LOC & Reliability pilot after August completion and discussions of next steps, including the reliability and validity analysis

# *Draft Stakeholder Meeting Schedule (cont.)*

- **September-November 2019-** Series of meetings that will address:
  - Proposed approach for establishing Nursing Facility LOC
  - Proposed approach for developing a Hospital Level of Care for waivers other than Children Living with Life Limiting Illnesses (CLLI)
- **January 2020-** Comprehensive Assessment and Support Plan summary report
- **March 2020** - Establishing Hospital LOC for CLLI
- **April 2020-** Discussion of the Time Study summary report; the final report; and the results of the member focus group sessions

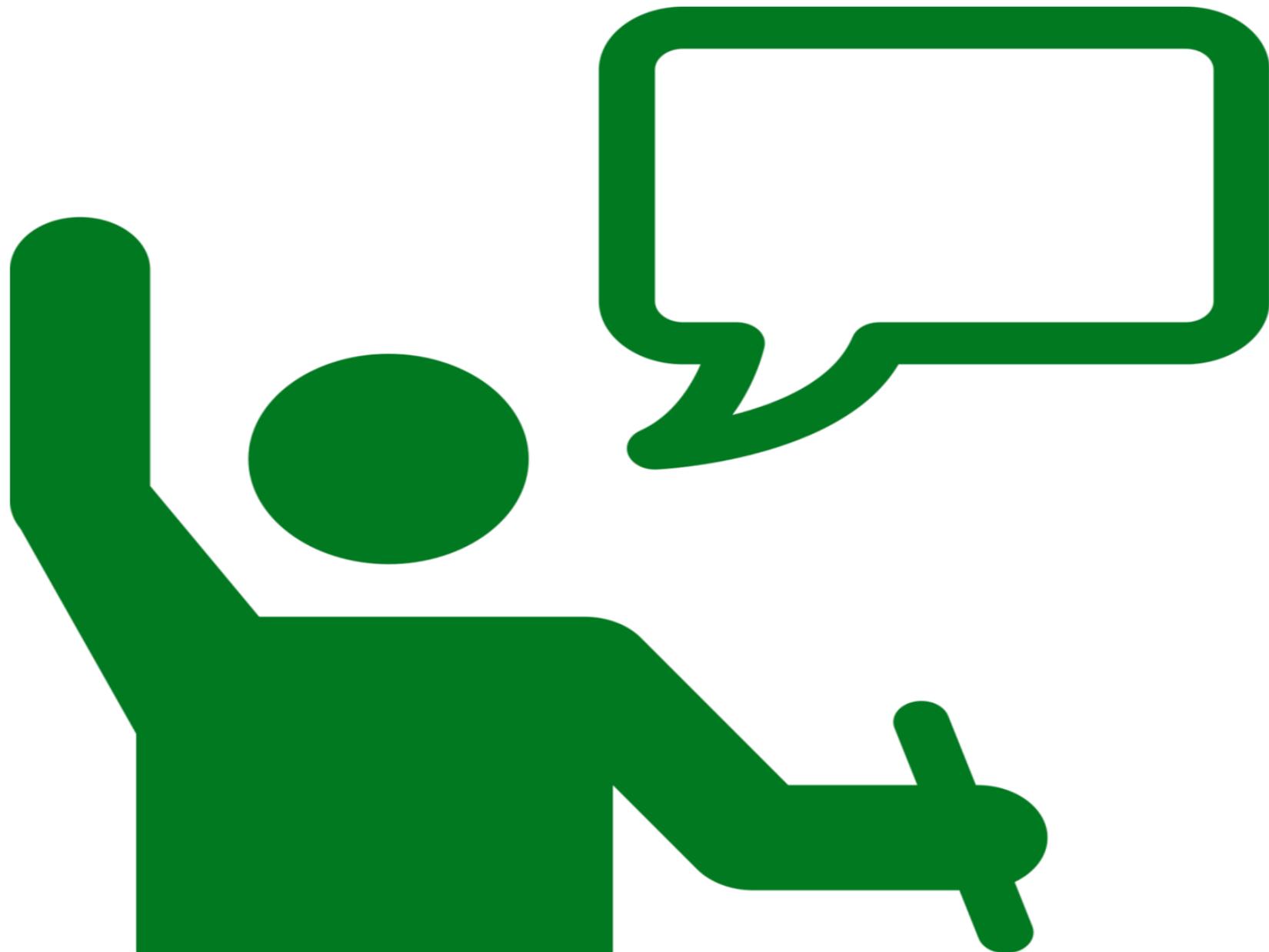
# *Case Managers Recruited for the Pilot*



Case Management Agency	# of Pilot Case Managers	Case Management Agency	# of Pilot Case Managers
Adams County	1	Montrose County HHS	1
Blue Peaks Developmental Services	1	North Metro Community Services	4
Central Mountain Options for LTC	2	Northwest Options for LTC	2
Community Options	2	OLTC Montezuma	2
Denver Options/Rocky Mountain Human Services	7	Otero County DHS	1
Developmental Pathways	11	Prowers County Public Health	1
Envision	4	Pueblo County Social Services	3
Foothills Gateway	2	Rocky Mountain Options for Long Term Care	5
Imagine!	2	San Juan Basin Health Department	1
Las Animas County Social Services	1	The Resource Exchange	2
Mesa County Department of Human Services	5	<b>Total</b>	<b>60</b>

LTSS Population	# of Pilot Case Managers
Children	26
Developmental Disabilities (DD)	31
Elderly, Blind, and Disabled (EBD)	28
Mental Health	23

# *Questions or Comments?*



# *Department Contact Information*

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